

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ABEL MALDONADO FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 5325

Check if different
than previously
reported. (ACC)

SANTA MARIA

CA

93456

2. FEC IDENTIFICATION NUMBER ▼

C

C00493379

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

23

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
06 05 2012in the
State of

CA

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y
06 05 2012in the
State of

CA

5. Covering Period

M M / D D / Y Y Y Y
10 01 2011

through

M M / D D / Y Y Y Y
12 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRANDON GESICKI

Signature of Treasurer

BRANDON GESICKI

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 31 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 34

Write or Type Committee Name

ABEL MALDONADO FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	1

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	50324.00	463048.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	8520.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	50324.00	454528.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	40437.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	40437.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	640298.87	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	260153.87	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 34

Write or Type Committee Name

ABEL MALDONADO FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	1

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

49550.00

459174.00

(ii) Unitemized.....

774.00

774.00

(iii) TOTAL of contributions from individuals ▶

50324.00

459948.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

3000.00

(d) The Candidate.....

0.00

100.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

50324.00

463048.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

250000.00

750000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

250000.00

750000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

300324.00

1213048.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 34

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	40437.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	250000.00	500000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	250000.00	500000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	8520.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	8520.00
21. OTHER DISBURSEMENTS	13793.76	23791.84
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	263793.76	572749.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	603768.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	300324.00
25. SUBTOTAL (add Line 23 and Line 24).....	904092.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	263793.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	640298.87

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

SCOTT HAWKINS

Mailing Address 1813 SPRINGFIELD ROAD

City

MOSS LANDING

State

CA

Zip Code

95039

FEC ID number of contributing
federal political committee.

C

Name of Employer

HAWKINS ENGINEERING

Occupation

ENGINEER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2011

Transaction ID : INCA584

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ED T. BEDWELL

Mailing Address 9155 PINEHURST DRIVE

City

ROSEVILLE

State

CA

Zip Code

95747

FEC ID number of contributing
federal political committee.

C

Name of Employer

PACIFIC GAS & ELECTRIC

Occupation

VICE PRESIDENT

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

Transaction ID : INCA554

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

GEOFF BLOOMINGDALE

Mailing Address 1375 FARREN ROAD

City

GOLETA

State

CA

Zip Code

93117

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED, SAME NAME

Occupation

RANCHER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

Transaction ID : INCA557

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

RICHARD H. LEE**A.**

Mailing Address P.O. BOX 676248

City

RANCHO SANTA FE

State

CA

Zip Code

92067

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

Transaction ID : INCA556

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MARCIA IBSEN**B.**

Mailing Address 1571 EAST MAIN STREET

City

SANTA MARIA

State

CA

Zip Code

93454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : INCA561

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

CHUCK MERTZ**C.**

Mailing Address 2418 WEDGEWOOD DRIVE

City

SANTA MARIA

State

CA

Zip Code

93455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : INCA562

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

KEVIN O'CONNOR**A.**

Mailing Address 1050 COLD SPRINGS ROAD

City

SANTA BARABARA

State

CA

Zip Code

93108

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : INCA559

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

PATRICK L. WARD FARMING CO.**B.**

Mailing Address 4689 MARLENE DRIVE

City

SANTA MARIA

State

CA

Zip Code

93455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : INCA573

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

BOBBY P. SINGH**C.**

Mailing Address 12511 STILL HARBOUR DRIVE

City

HOUSTON

State

TX

Zip Code

77041

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : INCA558

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

4250.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

JARED R. WOODFILL, V

A.

Mailing Address 1221 LAMAR STREET, SUITE 510

City

HOUSTON

State

TX

Zip Code

77010

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : INCA560

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

RON BURK

B.

Mailing Address 2860 LORENCITA DRIVE

City

SANTA MARIA

State

CA

Zip Code

93455

FEC ID number of contributing
federal political committee.

C

Name of Employer

GOLD COAST PACKING, INC.

Occupation

FARMER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2011

Transaction ID : INCA585

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

SCOTT HAWKINS

C.

Mailing Address 1813 SPRINGFIELD ROAD

City

MOSS LANDING

State

CA

Zip Code

95039

FEC ID number of contributing
federal political committee.

C

Name of Employer

HAWKINS ENGINEERING

Occupation

ENGINEER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2011

Transaction ID : INCA565

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

BRUCE BERWAGER

A.

Mailing Address 335 N. SIERRA VISTA ROAD

City

SANTA BARBARA

State

CA

Zip Code

93108

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNDERGROUND ENERGY, INC.

Occupation

CHIEF OPERATING OFFICER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2011

Transaction ID : INCA574

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

FRANK DONNELLY

B.

Mailing Address P.O. BOX 202

City

PIONEER

State

CA

Zip Code

95666

FEC ID number of contributing
federal political committee.

C

Name of Employer

ICR TURBINE ENGINE CORPORATION

Occupation

DIRECTOR/OFFICER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2011

Transaction ID : INCA632

Amount of Each Receipt this Period

2200.00

Full Name (Last, First, Middle Initial)

JOHN QUINN

C.

Mailing Address 6147 HUNTINGDALE CIRCLE

City

STOCKTON

State

CA

Zip Code

95219

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAQ, INC.

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : INCA595

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN QUINN

A.

Mailing Address 6147 HUNTINGDALE CIRCLE

City

STOCKTON

State

CA

Zip Code

95219

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAQ, INC.

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : INCA596

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

PATRICIA QUINN

B.

Mailing Address 6147 HUNTINGDALE CIRCLE

City

STOCKTON

State

CA

Zip Code

95219

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAQ, INC.

Occupation

TREASURER

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : INCA598

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

PATRICIA QUINN

C.

Mailing Address 6147 HUNTINGDALE CIRCLE

City

STOCKTON

State

CA

Zip Code

95219

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAQ, INC.

Occupation

TREASURER

Receipt For: 2012

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : INCA597

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

SAN YSIDRO FARMS

Mailing Address P.O. BOX 819

City

GUADALUPE

State

CA

Zip Code

93434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2011

Transaction ID : INCA590

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

ROY KILLGORE

Mailing Address P.O. BOX 819

City

GUADALUPE

State

CA

Zip Code

93434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SAN YSIDRO FARMS

OWNER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2011

Transaction ID : IDTA12

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

SAN YSIDRO FARMS

Mailing Address P.O. BOX 819

City

GUADALUPE

State

CA

Zip Code

93434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2011

Transaction ID : INCA591

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA590

SEE PARTNERSHIP ATTRIBUTION BELOW.

Form/Schedule: SA11AI

Transaction ID: IDTA12

PARTNERSHIP ATTRIBUTION

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA591

SEE PARTNERSHIP ATTRIBUTION BELOW.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROY KILLGORE

Mailing Address P.O. BOX 819

City

GUADALUPE

State

CA

Zip Code

93434

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAN YSIDRO FARMS

Occupation

OWNER

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2011

Transaction ID : IDTA13

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MARK HENRY

Mailing Address 2929 PAISLEY MEADOW DRIVE

City

LEAGUE CITY

State

TX

Zip Code

77573

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2012

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

Transaction ID : INCA602

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

AGNES NEUMANN

Mailing Address 5750 YARWELL DRIVE

City

HOUSTON

State

TX

Zip Code

77096

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2012

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

Transaction ID : INCA600

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

500.00

TOTAL This Period (last page this line number only).....

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : IDTA13

PARTNERSHIP ATTRIBUTION

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

SAN MANUEL BAND OF MISSION INDIANS

A.

Mailing Address 26569 COMMUNITY CENTER DRIVE

City

HIGHLAND

State

CA

Zip Code

92346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		16		2011

Transaction ID : INCA601

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

DONNA YATES

B.

Mailing Address 2714 BRIAR VIEW DRIVE

City

PEARLAND

State

TX

Zip Code

77581

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		16		2011

Transaction ID : INCA599

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

GEORGEANN EISKAMP

C.

Mailing Address 30 W. RIANDA ROAD

City

WATSONVILLE

State

CA

Zip Code

95076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

COWLES BERRY FARM, INC.

FARMER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2011

Transaction ID : INCA586

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 17 OF 34
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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 NAME OF COMMITTEE (In Full)
ABEL MALDONADO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) PUNDALIK A. KINI Mailing Address 655 DAVIS STREET <table style="width: 100%;"> <tr> <td style="width: 33%;">City SAN FRANCISCO</td> <td style="width: 33%;">State CA</td> <td style="width: 33%;">Zip Code 94111</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer EPC CONSULTANTS</td> <td style="width: 66%;">Occupation CHIEF EXECUTIVE OFFICER</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> <td style="width: 66%;">Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> </td> </tr> </table>	City SAN FRANCISCO	State CA	Zip Code 94111	Name of Employer EPC CONSULTANTS	Occupation CHIEF EXECUTIVE OFFICER	Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 12 22 2011</div> </div> Transaction ID : INCA603 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>
City SAN FRANCISCO	State CA	Zip Code 94111						
Name of Employer EPC CONSULTANTS	Occupation CHIEF EXECUTIVE OFFICER							
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>							
B. Full Name (Last, First, Middle Initial) HAROLD DITTMER Mailing Address 650 BERCUT DRIVE <table style="width: 100%;"> <tr> <td style="width: 33%;">City SACRAMENTO</td> <td style="width: 33%;">State CA</td> <td style="width: 33%;">Zip Code 95811</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer WELLHEAD ELECTRIC COMPANY</td> <td style="width: 66%;">Occupation PRESIDENT</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> <td style="width: 66%;">Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> </td> </tr> </table>	City SACRAMENTO	State CA	Zip Code 95811	Name of Employer WELLHEAD ELECTRIC COMPANY	Occupation PRESIDENT	Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 12 31 2011</div> </div> Transaction ID : INCA618 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>
City SACRAMENTO	State CA	Zip Code 95811						
Name of Employer WELLHEAD ELECTRIC COMPANY	Occupation PRESIDENT							
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>							
C. Full Name (Last, First, Middle Initial) HAROLD DITTMER Mailing Address 650 BERCUT DRIVE <table style="width: 100%;"> <tr> <td style="width: 33%;">City SACRAMENTO</td> <td style="width: 33%;">State CA</td> <td style="width: 33%;">Zip Code 95811</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer WELLHEAD ELECTRIC COMPANY</td> <td style="width: 66%;">Occupation PRESIDENT</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> <td style="width: 66%;">Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> </td> </tr> </table>	City SACRAMENTO	State CA	Zip Code 95811	Name of Employer WELLHEAD ELECTRIC COMPANY	Occupation PRESIDENT	Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 12 31 2011</div> </div> Transaction ID : INCA620 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>
City SACRAMENTO	State CA	Zip Code 95811						
Name of Employer WELLHEAD ELECTRIC COMPANY	Occupation PRESIDENT							
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>							
SUBTOTAL of Receipts This Page (optional)		<div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div>						
TOTAL This Period (last page this line number only)		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>						

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

BROOKS FIRESTONE

A.

Mailing Address 619 RANCHO ACISAL DRIVE

City

SOLVANG

State

CA

Zip Code

93463

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Transaction ID : INCA607

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

BROOKS FIRESTONE

B.

Mailing Address 619 RANCHO ACISAL DRIVE

City

SOLVANG

State

CA

Zip Code

93463

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Transaction ID : INCA608

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

MICHAEL KAUFMAN

C.

Mailing Address P.O. BOX 1152

City

ORLAND

State

CA

Zip Code

95936

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANIMAL BLOOD BANK, INC.

Occupation

CHIEF FINANCIAL OFFICER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Transaction ID : INCA611

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

5500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

DEBBIE A. KOBLER

Mailing Address 4630 N. GRAVENSTEIN HIGHWAY

City

SEBASTOPOL

State

CA

Zip Code

95472

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Transaction ID : INCA609

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

MICHAEL KOBLER

Mailing Address 7 WEST FIGUEROA STREET, 3RD FLOOR

City

SANTA BARBARA

State

CA

Zip Code

93101

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNDERGROUND ENERGY, INC.

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Transaction ID : INCA610

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

TREVOR LARGE

Mailing Address 505 BATH STREET

City

SANTA BARBARA

State

CA

Zip Code

93101

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARCHBALD & SPRAY LLP

Occupation

ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Transaction ID : INCA616

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

5250.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 34

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

SAM LINDER

Mailing Address P.O. BOX 1865

City

VANCOUVER

State

WA

Zip Code

98668

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAM LINDER AUTO GROUP

Occupation

AUTO DEALER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2011

Transaction ID : INCA619

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

YEHUDA SHMIDMAN

Mailing Address 369 CHURCHILL ROAD

City

TEANECK

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer

ICONIX BRAND GROUP

Occupation

CHIEF OPERATING OFFICER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2011

Transaction ID : INCA615

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

49550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 34

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

ABEL MALDONADO (PERSONAL FUNDS)

Mailing Address 4051 SANTA MARIA MESA ROAD

City

SANTA MARIA

State

CA

Zip Code

93454

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

FORMER LT. GOVERNOR OF CALIFORNIA

Receipt For: 2012



Primary



General



Other (specify)

Election Cycle-to-Date

750100.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 30 / 2011

Transaction ID : PAYA577

Amount of Each Receipt this Period

250000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250000.00

250000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 34

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ABEL MALDONADO (PERSONAL FUNDS)

Mailing Address 4051 SANTA MARIA MESA ROAD

City	State	Zip Code
SANTA MARIA	CA	93454

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2011

Amount of Each Disbursement this Period

250000.00

Transaction ID : PAYB593

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

250000.00

250000.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB19A

Transaction ID : PAYB593

PURPOSE: LOAN PRINCIPAL PAYMENT

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 34

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 0001

City	State	Zip Code
LOS ANGELES	CA	90096

Purpose of Disbursement
CREDIT CARD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
10 / 04 / 2011

Amount of Each Disbursement this Period

168.06

Transaction ID : EXPB563

B. FUNDRAISING BY NET

Mailing Address 1101 PENNSYLVANIA AVE. NW, 6TH FL.

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
10 / 04 / 2011

Amount of Each Disbursement this Period

1349.85

Transaction ID : EXPB493

C. FUNDRAISING BY NET

Mailing Address 1101 PENNSYLVANIA AVE. NW, 6TH FL.

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
10 / 12 / 2011

Amount of Each Disbursement this Period

759.38

Transaction ID : EXPB625

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2277.29

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 34

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FUNDRAISING BY NET

Mailing Address 1101 PENNSYLVANIA AVE. NW, 6TH FL.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		18		2011

City	State	Zip Code
WASHINGTON	DC	20004

Amount of Each Disbursement this Period

22.52

Purpose of Disbursement
CREDIT CARD PROCESSING FEECategory/
Type

Transaction ID : EXPB624

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. NYGREN & COMPANY INC.

Mailing Address 3470 PARK DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2011

City	State	Zip Code
EL DORADO HILLS	CA	95762

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
CONSULTANT-STRATEGYCategory/
Type

Transaction ID : EXPB630

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. ELECTIONMALL TECHNOLOGIES, INC.

Mailing Address 1101 PENNSYLVANIA AVENUE, NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2011

City	State	Zip Code
WASHINGTON	DC	20004

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
WEBSITE EXPENSECategory/
Type

Transaction ID : EXPB631

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2047.52

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 34

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ELECTIONMALL TECHNOLOGIES, INC.

Mailing Address 1101 PENNSYLVANIA AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2011

Amount of Each Disbursement this Period

25.00

Transaction ID : EXPB627

B. FUNDRAISING BY NET

Mailing Address 1101 PENNSYLVANIA AVE. NW, 6TH FL.

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2011

Amount of Each Disbursement this Period

7.76

Transaction ID : EXPB623

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 0001

City	State	Zip Code
LOS ANGELES	CA	90096

Purpose of Disbursement
CREDIT CARD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2011

Amount of Each Disbursement this Period

248.99

Transaction ID : EXPB564

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

281.75

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 34

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FUNDRAISING BY NET

Mailing Address 1101 PENNSYLVANIA AVE. NW, 6TH FL.

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		15		2011

Amount of Each Disbursement this Period

37.28

Transaction ID : EXPB566

B. SUNSTAR MEDIA

Mailing Address 834 ABREGO STREET, SUITE B

City	State	Zip Code
MONTEREY	CA	93940

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2011

Amount of Each Disbursement this Period

117.50

Transaction ID : EXPB552

C. SUNSTAR MEDIA

Mailing Address 834 ABREGO STREET, SUITE B

City	State	Zip Code
MONTEREY	CA	93940

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2011

Amount of Each Disbursement this Period

117.50

Transaction ID : EXPB549

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

272.28

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 34

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SUNSTAR MEDIA

Mailing Address 834 ABREGO STREET, SUITE B

City	State	Zip Code
MONTEREY	CA	93940

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2011

Amount of Each Disbursement this Period

148.75

Transaction ID : EXPB544

B. SUNSTAR MEDIA

Mailing Address 834 ABREGO STREET, SUITE B

City	State	Zip Code
MONTEREY	CA	93940

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2011

Amount of Each Disbursement this Period

55.00

Transaction ID : EXPB540

C. SUNSTAR MEDIA

Mailing Address 834 ABREGO STREET, SUITE B

City	State	Zip Code
MONTEREY	CA	93940

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2011

Amount of Each Disbursement this Period

55.00

Transaction ID : EXPB542

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

258.75

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 34

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SUTTON LAW FIRM

Mailing Address 150 POST STREET, SUITE 405

City	State	Zip Code
SAN FRANCISCO	CA	94108

Purpose of Disbursement
LEGAL & REPORTING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2011

Amount of Each Disbursement this Period

8056.26

Transaction ID : EXPB546

B. ELECTIONMALL TECHNOLOGIES, INC.

Mailing Address 1101 PENNSYLVANIA AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2011

Amount of Each Disbursement this Period

25.00

Transaction ID : EXPB628

C. NYGREN & COMPANY INC.

Mailing Address 3470 PARK DRIVE

City	State	Zip Code
EL DORADO HILLS	CA	95762

Purpose of Disbursement
REIMBURSEMENT OF TRAVEL EXPENSES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2011

Amount of Each Disbursement this Period

191.01

Transaction ID : EXPB570

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8272.27

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 34

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 0001

City	State	Zip Code
LOS ANGELES	CA	90096

Purpose of Disbursement
CREDIT CARD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2011

Amount of Each Disbursement this Period

278.89

Transaction ID : EXPB572

B. COMFORT INN

Mailing Address 343 W. 44TH STREET

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
AMERICAN EXPRESS - TRAVEL EXPENSE (PAID 12/6/11)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2011

Amount of Each Disbursement this Period

278.89

Transaction ID : EDTB1EXPB572

[MEMO ITEM]

C. FUNDRAISING BY NET

Mailing Address 1101 PENNSYLVANIA AVE. NW, 6TH FL.

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2011

Amount of Each Disbursement this Period

102.01

Transaction ID : EXPB622

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

380.90

13790.76

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 OF 34

FOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC577

ABEL MALDONADO FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

ABEL MALDONADO (PERSONAL FUNDS)

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

4051 SANTA MARIA MESA ROAD

City

State

ZIP Code

SANTA MARIA

CA

93454

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 30 / 2011

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

250000.00

TOTALS This Period (last page in this line only)..... ►

250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 34

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SUNSTAR MEDIA

Nature of Debt (Purpose):

WEBSITE EXPENSE

Mailing Address 834 ABREGO STREET, SUITE B

City State

Zip Code

MONTEREY

CA

93940

Outstanding Balance Beginning This Period

55.00

Transaction ID : PAYD517

Amount Incurred This Period

0.00

Payment This Period

55.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SUNSTAR MEDIA

Nature of Debt (Purpose):

WEBSITE EXPENSE

Mailing Address 834 ABREGO STREET, SUITE B

City State

Zip Code

MONTEREY

CA

93940

Outstanding Balance Beginning This Period

148.75

Transaction ID : PAYD518

Amount Incurred This Period

0.00

Payment This Period

148.75

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SUNSTAR MEDIA

Nature of Debt (Purpose):

WEBSITE EXPENSE

Mailing Address 834 ABREGO STREET, SUITE B

City

State

Zip Code

MONTEREY

CA

93940

Outstanding Balance Beginning This Period

117.50

Transaction ID : PAYD551

Amount Incurred This Period

0.00

Payment This Period

117.50

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

250000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

250000.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 34

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SUTTON LAW FIRM

Nature of Debt (Purpose):

LEGAL & REPORTING SERVICES

Mailing Address 150 POST STREET, SUITE 405

City State

SAN FRANCISCO

Zip Code

CA

94108

Outstanding Balance Beginning This Period

8056.26

Transaction ID : PAYD526

Amount Incurred This Period

0.00

Payment This Period

8056.26

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SUTTON LAW FIRM

Nature of Debt (Purpose):

LEGAL & REPORTING SERVICES

Mailing Address 150 POST STREET, SUITE 405

City State

SAN FRANCISCO

Zip Code

CA

94108

Outstanding Balance Beginning This Period

2051.22

Transaction ID : PAYD527

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2051.22

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SUTTON LAW FIRM

Nature of Debt (Purpose):

LEGAL & REPORTING SERVICES

Mailing Address 150 POST STREET, SUITE 405

City State

SAN FRANCISCO

Zip Code

CA

94108

Outstanding Balance Beginning This Period

2358.78

Transaction ID : PAYD528

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2358.78

1) **SUBTOTALS** This Period This Page (optional) ▶

4410.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

250000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

250000.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ABEL MALDONADO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SUTTON LAW FIRM

Nature of Debt (Purpose):

LEGAL & REPORTING SERVICES

Mailing Address 150 POST STREET, SUITE 405

City State

SAN FRANCISCO

Zip Code

CA

94108

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD633

Amount Incurred This Period

4241.15

Payment This Period

0.00

Outstanding Balance at Close of This Period

4241.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SUTTON LAW FIRM

Nature of Debt (Purpose):

LEGAL & REPORTING SERVICES

Mailing Address 150 POST STREET, SUITE 405

City State

SAN FRANCISCO

Zip Code

CA

94108

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD634

Amount Incurred This Period

1502.72

Payment This Period

0.00

Outstanding Balance at Close of This Period

1502.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

5743.87

2) **TOTALS** This Period (last page this line number only) ▶

10153.87

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

250000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

260153.87